

FITNESS CENTER MEMBERSHIP APPLICATION

Proud to be a fully accessible gym for those living with a disability

APPLICATION INSTRUCTIONS:

- 1. Complete application
- 2. Read and sign RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT
- 3. Schedule your orientation by calling 570-327-9070. We cannot guarantee that an orientation can occur the same day as your application.
- 4. Receive your orientation and sign document in presence of staff.

Name: _____

Address: _____

Phone: _____ Date of birth: _____

Email: _____

Emergency Contact name and phone #: _____

Monthly Membership Options:

- I am not receiving services at CILNCP: \$5.00 month
- I am a consumer of CILNCP: free
 - Which department? _____
- Other: _____

All applicants must complete the application and be oriented on the equipment. First months payment is due at time of application. CILNCP does not accept credit or debit cards.

Applicant Signature: _____ Date: _____

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

Exercise Equipment and Facilities

In consideration for personal use of the exercise equipment and facilities at the fitness center, the undersigned acknowledges, appreciates, and agrees that:

The risk of injury from utilizing the facilities and equipment is significant, including the potential for muscle strains, sprains, falls and broken bones.

I knowingly and freely assume all such risks, (both known and unknown, even if arising from the negligence of others) and assume full responsibility for my participation. I certify that I am greater than 18 years of age, and that this waiver remains in full force for the duration of my membership (paid months).

I willingly agree to comply with all of the customary safety practices of the exercise area. I will also bring any hazards immediately to the staff's attention as well.

I recognize that the use of the exercise facilities and equipment is outside of the scope of any employment at CILNCP. Any injury from utilizing the facilities or equipment will not be covered as a worker's compensation claim.

I have voluntarily chosen to use the facilities and equipment. I have read and signed this release of liability and assumption of risk agreement. I fully understand its terms. I understand that I have given up substantial rights by signing it, and I sign it freely and voluntarily without an inducement.

This release and indemnification shall be as broad and inclusive as is permitted by the State of Pennsylvania. If any portion is held invalid, the balance shall continue in full force and effect.

Applicant Signature: _____ Date: _____

Printed Name: _____

Staff signature (witness): _____

Fitness Center Rules

Because we care about you, our employees, our consumers and our facility

1. Please assure that you sign in and out as you enter the building
2. Do not remove safety features from any of the exercise equipment. This would also include removing equipment from its housing that is intended to maintain safe use of the equipment
3. No foul, hateful, or offensive language.
4. Food is prohibited in the gym are.
5. Drinks are permitted only if they are in a sealable container.
6. DO NOT drop the weights, it will damage our floors.
7. Return all weights and equipment to their proper place when you are finished with them.
8. Be respectful and courteous to everyone
9. NO SMOKING
10. Always seek assistance from staff if you are unfamiliar with a piece of equipment and you will be given proper instruction prior to using it.
11. No gym chalk
12. No illegal drugs or alcoholic beverages will be tolerated on the premises.
13. To preserve the safety of our consumers and our staff, any visibly intoxicated patron will be instructed to leave. Any resistance to our request will be met with a call to the authorities, such as police.
14. Please throw away any trash.
15. Proper gym attire is required: NO skirts/dresses, sandals, flip-flops, extremely loose clothing, clothing that conveys an offensive message (i.e. tee-shirts with hateful speech or offensive language), clothing that is sexually suggestive or distracting, and/or any type of boot or boot-like footwear.
16. No horseplay or reckless use of equipment will be tolerated.
17. NO SCENTED PRODUCTS may be used or worn in the gym. This included body sprays, cologne or perfumes. Please wait until you are outside of the facility to use.

Any rule infraction or repeated rule infraction can and may result in your access to the Fitness Center being terminated. By signing your name below, you agree to follow all the rules of the Fitness Center and that you are 18 years of age or older.

Applicant Signature: _____ Date: _____

Applicant Name: Print _____

Staff signature as witness: _____ Date: _____

Equipment Orientation

I have completed the Fitness Center equipment orientation and understand how to safely operate the equipment. I agree that I can safely use the equipment independently without supervision.

Applicant Signature: _____ Date: _____

Person providing orientation: _____ Date: _____

Any concerns? _____

